

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04956

Reg. Dist. No. 280

1. PLACE OF DEATH COUNTY <u>Kent</u> CITY (if outside corporate limits, write RURAL and give nearest town) <u>Millington</u> TOWN <u>Millington</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (if outside corporate limits, write RURAL and give nearest town) <u>Millington</u> TOWN <u>Millington</u> STREET ADDRESS <u>Millington</u>	
3. NAME OF DECEASED (First) <u>Calvin</u> (Middle) <u>Lybertis</u> (Last) <u>Deanby</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>24</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cal</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 25-1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE last birthday <u>7</u> yrs. <u>9</u> months <u>1</u> day <u>1</u> hour <u>1</u> min.
11. BIRTHPLACE (State or foreign country) <u>Millington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert Deanby</u>		14. MOTHER'S MAIDEN NAME <u>Juliana Keckler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>✓</u>	
17. INFORMANT AND ADDRESS <u>Juliana Deanby, Mother</u>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Branch pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ✓

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

#### 20. AUTOPSY?

Yes ☐ No ☐

22. I hereby certify that I attended the deceased from Dr. Medical, attention, that I last saw the deceased

live on May 24, 1957, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/27/57</u>	NAME OF CEMETERY OR CREMATORY <u>Millington-Caledonia</u>	LOCATION (City, town, or county) <u>Millington</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>5/26/57</u>	REGISTRAR'S SIGNATURE <u>Edward Fellows</u>	24. FUNERAL DIRECTOR <u>Edward Fellows</u>	ADDRESS <u>Millington, Md.</u>	

208250299\*405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUN 4 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

04957

1. PLACE OF DEATH- COUNTY <u>Kent</u> <u>County</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Worton</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Worton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Worton</u>	
TOWN <u>Worton</u>		TOWN <u>Worton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Mary I</u> <u>Paul</u> <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>9</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 8-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Operator</u>	9. AGE last birthday <u>47</u> yrs. <u>47</u> Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min.
11. FATHER'S NAME <u>James H. Harris</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Katherine Parsons</u>	
15. SOCIAL SECURITY NO. <u>197-09-8246</u>		17. INFORMANT <u>Edgar Harris</u>	

### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Secondary Pneumonia

Antecedent cause(s)

(b) Carcinoma of Breast

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Metastasis through out lungs

INTERVAL BETWEEN ONSET AND DEATH

18 mo.

1949

18 mo.

### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>1949. Aug</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Breast - Neck D.C</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 11, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Still Pond Md</u>		LOCATION (City, town, or county) (State) <u>Still Pond Md</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>B B Collows</u>		ADDRESS <u>Still Pond Md</u>	

370578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 14 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04958

201

Reg. Dist. No. ....

1. PLACE OF DEATH: COUNTY <u>Kent</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md.</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Kennedysville</u>		LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Kennedysville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>J</u> (Middle) <u>ROBERT</u> (Last) <u>KENNEDY</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>13</u> (Year) <u>1951</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Feb 14 1892</u>	9. AGE last birthday <u>59</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Comm. Hauling</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Alexander Kennedy</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Hill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of discharge) <u>never in service</u>		16. SOCIAL SECURITY No. <u>4-20-1940-1-1000</u>		17. INFORMANT AND ADDRESS <u>Hellis K Kennedysville md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>1 H.</u>
Immediate cause (a) <u>Coronary Thrombosis</u>				
Antecedent cause(s) (b) <u>Coronary Insufficiency</u>				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>4/20, 94a</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to May, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR OTHER DISPOSAL (Specify) <u>Burial</u>	DATE <u>May 16 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Still Pond Cem.</u>	LOCATION (City, town, or county) <u>Still Pond</u>	(State) <u>md.</u>
DATE REC'D BY LOCAL REG. <u>5/15/51</u>	REGISTRAR'S SIGNATURE <u>C. Kennard Jones</u>	24. FUNERAL DIRECTOR <u>Edward Collow</u>	ADDRESS <u>Willington md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

683526



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04959

## CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

1. PLACE OF DEATH- COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Chestertown</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent &amp; Queen Anne County Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u> TOWN STREET ADDRESS (If rural, give location) <u>Cannon St.</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Arthur J. Leonard, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 29, 1913</u>
9. AGE last birthday <u>37</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Powder Mixer (explosive) Defense Plant</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Arthur J. Leonard</u>		14. MOTHER'S MAIDEN NAME <u>Mabel G. Hutson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>212-10-9005</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Mabel Leonard</u>		<u>Cannon St. Chestertown, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Spinal Anesthesia - Pneumonia</u>		19. DATE OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
Antecedent cause(s) (b) <u>954X</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>1950</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no operation</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1949 to May 27, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 30-1951Clara L. BarnesJ. Willis Wells Chestertown, Md.

690469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15



RECEIVED  
JUN 2 1951  
BUREAU A. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

04960

Reg. Dist. No. 204

1. PLACE OF DEATH- COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>near Rock Hall</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rock Hall</u> <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>L.</u>	(Last) <u>Shriley</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 11, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>	9. AGE last birthday <u>67</u> yrs. If under 1 year: Months. Days Hours Min.
13. FATHER'S NAME <u>Jacob Shriley</u>		14. MOTHER'S MAIDEN NAME <u>Emma Lamb</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Stanley Sutton</u>		<u>Chestertown Md.</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Myocarditis</u>		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) <u>Arthritis</u> (c) <u>Arthritis, exposure</u>	
422.2 Antecedent cause(s)			
93e			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1957, to 5/24, 1957, that I last saw the deceased alive on 5/24, 1957, and that death occurred at 1-30P m., from the causes and on the date stated above.

SIGNATURE [Signature] (Degree or title) ADDRESS Rock Hall DATE SIGNED 5/25/57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>May 26, 1957</u>	<u>Chester Cem</u>	<u>Chestertown, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>May 26/57</u>	<u>[Signature]</u>	<u>J. Willis Wells</u>	<u>Chestertown, Md.</u>

MARGIN RESERVED FOR BINDING

VS. A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED  
MAY 31 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

04961

203

1. PLACE OF DEATH COUNTY <u>Baltimore</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Rock</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rock Hall</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rock Hall</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Olivia R. Taylor</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>29</u> (Year) <u>1957</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov. 6, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE last birthday <u>79</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Rock Hall Md</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Michael Webb</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Sauter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Elwood Taylor</u>			

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a) myo-cardial degeneration

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Asthma(c) Hypertension11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>L</u>	(CITY OR TOWN) <u>L</u>	(COUNTY) <u>L</u>	(STATE) <u>L</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 20, 1957, to May 29, 1957, that I last saw the deceased alive on May 22, 1957, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>June 2</u>	<u>Wesley Chapel</u>	<u>Rock Hall</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 1-57</u>	<u>S. Elwood Bingen</u>	<u>Edgar L. Lane</u>	<u>Church Hill Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 7 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04962

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

*Kent*

1. PLACE OF DEATH COUNTY <u>Rockwell Co</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Rock Hall</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Rockwell</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Rock Hall md</u>	
TOWN <u>Rural Rockwell</u>		TOWN <u>Rural Rock Hall md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Ida Josephine</u> (First) <u>Coates</u> (Middle) <u>Coates</u> (Last)		4. DATE OF DEATH <u>May 21</u> (Month) <u>21</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 3/1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>90</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Isaac Coates</u>		14. MOTHER'S MAIDEN NAME <u>Luzan Rhodia Coates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT <u>Marion Taylor Coates</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Myocardial Degeneration

## Antecedent cause(s)

(b) 422.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lastII. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION May 20, 195119b. MAJOR FINDINGS OF OPERATION no

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY <u>no</u>	(CITY OR TOWN) <u>Rock Hall</u>	(COUNTY) <u>md</u>	(STATE) <u>md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 20, 1951</u>	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>no</u>		

22. I hereby certify that I attended the deceased from May 1, 1951, to May 21, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE E. Coates(Degree or title) m.d.ADDRESS Rock Hall mdDATE SIGNED May 21/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/23/51</u>	NAME OF CEMETERY OR CREMATORY <u>Still Pond cemetery</u>	LOCATION (City, town, or county) <u>Still Pond</u>	(State) <u>md</u>
DATE REC'D BY LOCAL REG. <u>5/22/51</u>	REGISTRAR'S SIGNATURE <u>S. Edward Burgess</u>	24. FUNERAL DIRECTOR <u>K3</u>	ADDRESS <u>Still Pond</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAY 28 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04963

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bethesda</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent &amp; Quannan Hospital</u>		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Millington</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>ISAAC</u> (First) <u>THOMAS</u> (Middle) (Last)		4. DATE OF DEATH <u>May 19</u> 19 <u>57</u> (Month) (Day) (Year)		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Colored</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8/81</u>	
9. AGE last birthday <u>70</u> yrs. <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY <u>None</u>		13. FATHER'S NAME <u>unknown</u>	
14. MOTHER'S MAIDEN NAME <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>James Jones Rural Worton md</u>					

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <u>Chronic Cardiovascular Disease</u>		<u>DK</u>	
Antecedent cause(s) (b) <u>Generalized Arteriosclerosis</u>		<u>DK</u>	
(c) <u>422.1 93d</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 4/11/51 1951, to 5/19 1957, that I last saw the deceased alive on 5/19 1957, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE <u>J. H. Hamilton</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Millington md</u>		DATE SIGNED <u>5/21/57</u>	
23. BURIAL, CREMATION, REYNAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 23/1957</u>		NAME OF CEMETERY OR CREMATORY <u>Bethesda Cem.</u>		LOCATION (City, town, or county) <u>Bethesda md</u>	
DATE REC'D BY LOCAL REG. <u>May 23-1957</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		24. FUNERAL DIRECTOR <u>Edward Bellows</u>		ADDRESS <u>Millington md</u>	

820105



RECEIVED  
MAY 28 1951  
BUREAU V. S.